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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

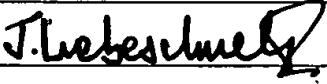
Application Number	09/424,482
Filing Date	February 29, 2000
First Named Inventor	CHOO, Yen
Art Unit	1639
Examiner Name	Wessendorf, T.

Attorney Docket Number 019496-006210US

## ENCLOSURES (Check all that apply)

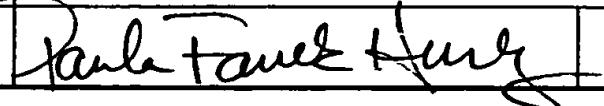
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP	Reg. No. 37,505
Signature		
Date	March 20, 2003	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: March 20, 2003

Typed or printed	Paula Faulk Hurley		
Signature		Date	March 20, 2003

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*MAR 25 2003*

# FEET TRANSMITTAL for FY 2003

(Patent fees are subject to annual revision.)

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 9

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  MoneyOrder  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-25** =	Extra Claims	Fees from below	Fee Paid
26	-25** =	1	X\$9	\$9
Independent Claims	2	0	X\$42	\$0
Multiple Dependent		X		

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$9

\*\*or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	09/424,482
Filing Date	February 29, 2000
First Named Inventor	CHOO, Yen
Examiner Name	Wessendorf, T.
Group Art Unit	1639
Attorney Docket No.	019496-006210US

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FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Entity	Small Entity	Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	1053 130	1053 130	Surcharge - late filing fee or oath	
1052 50	2052 25	1812 2,520	1812 2,520	Surcharge - late provisional filing fee or cover sheet.	
		1804 920*	1804 920*	Non-English specification	
		1805 1,840*	1805 1,840*	For filing a request for reexamination	
		1805 1,840*	1805 1,840*	Requesting publication of SIR prior to Examiner action	
		1251 110	2251 55	Requesting publication of SIR after Examiner action	
		1252 410	2252 205	Extension for reply within first month	
		1253 930	2253 465	Extension for reply within second month	
		1254 1,450	2254 725	Extension for reply within third month	
		1255 1,970	2255 985	Extension for reply within fourth month	
		1401 320	2401 160	Extension for reply within fifth month	
		1402 320	2402 160	Notice of Appeal	
		1403 280	2403 140	Filing a brief in support of an appeal	
		1451 1,510	1451 1,510	Request for oral hearing	
		1452 110	2452 55	Petition to institute a public use proceeding	
		1453 1,300	2453 650	Petition to revive – unavoidable	
		1501 1,300	2501 650	Petition to revive – unintentional	
		1502 470	2502 235	Utility issue fee (or reissue)	
		1503 630	2503 315	Design issue fee	
		1460 130	1460 130	Plant issue fee	
		1807 50	1807 50	Petitions to the Commissioner	
		1806 180	1806 180	Petitions related to provisional applications	
		8021 40	8021 40	Submission of Information Disclosure Stmt	
		1809 750	2809 375	Recording each patent assignment per property (times number of properties)	
		1810 750	2810 375	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1801 750	2801 375	For each additional invention to be examined (37 CFR § 1.129(b))	
		1802 900	1802 900	Request for Continued Examination (RCE)	
				Request for expedited examination of a design application	
				Other fee (specify)	
				*Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Joe Liebeschuetz	Registration No. (Attorney/Agent)	37,505	Telephone	650-326-2400
Signature	<i>J. Liebeschuetz</i>			Date	March 20, 2003

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